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APPLICANTS
 Gene Samson, Milpitas, CA;
 Harold F. Carrison, Pleasanton, CA;

**** CONTINUING DATA *******
 This application is a CON of 09/452,528 12/01/1999 PAT 6,383,205
 which is a CON of 08/941,514 09/30/1997 PAT 6,066,149

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/16/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS
 GLENN M. SEAGER
 CROMPTON, SEAGER AND TUFTE, LLC
 1221 NICOLLET AVE, STE. 800
 MINNESOTA, MN 55403-2420

TITLE
 Mechanical clot treatment device

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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